



Department of Health DOH (HC)

MISSION

The mission of the District Department of Health (DOH) is to promote healthy lives, prevent illness, provide equal access to quality healthcare services and protect the safety of all in the nation's capital.

SUMMARY OF SERVICES

DOH provides programs and services in order to reduce the burden of disease, increase access to health care and promote healthy communities. The Department is responsible for management and delivery of the Medicaid program, DC Alliance, substance abuse prevention and treatment services, bio-terrorism preparedness and response, HIV/AIDS prevention and treatment services, school health services, animal and rodent control, and various population and disease-specific public health programs. DOH regulates and licenses health facilities, health professionals, emergency preparedness and response professionals, and oversees Medical and Health Professional Boards and Committees. In addition, the Department oversees health development investments through the Certificate of Need (CON) program.

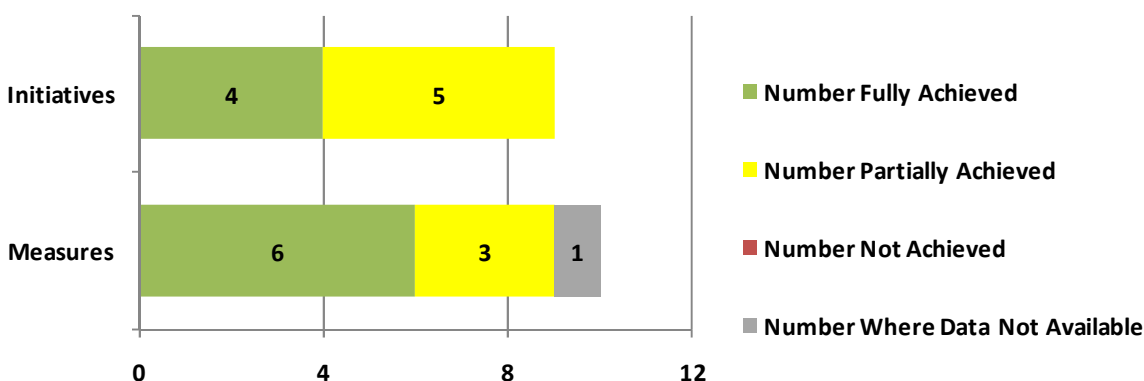
AGENCY OBJECTIVES

1. Expand access to care and improve health outcomes.
2. Reduce health status disparities by improving access and quality of the District's health care system and direct programming activities to underserved populations.
3. Improve the quality and efficiency of DOH programs.

3 KEY ACCOMPLISHMENTS

- ✓ The Addiction Prevention and Recovery Administration expanded its network of satellite substance abuse intake locations, including several new locations connected to the criminal justice system.
- ✓ Established a robust Needle Exchange Program in the District of Columbia through an aggressive effort by the HIV/AIDS Administration (HAA).
- ✓ Strengthened HAA data systems for surveillance, and established a Monitoring & Evaluation unit to improve routine monitoring of performance data.

OVERVIEW OF AGENCY PERFORMANCE










Performance Initiatives – Assessment Details

Performance Assessment Key:

-  Fully achieved  Partially achieved  Not achieved  Data not reported

OBJECTIVE 1: Expand access to care and improve health outcomes.

-  **INITIATIVE 1.1: Reduce the number of pediatric HIV and AIDS cases.**
Partially Achieved. The overall number of pediatric HIV/AIDS cases rose from four cases in FY 2007 to six in FY2008, an increase that may be at least partly due to improved surveillance. While DOH has taken concrete steps to eliminate pediatric cases over the next two to three years, these figures represent an overall increase in cases over the short term.
-  **INITIATIVE 1.2: Increase access to substance abuse treatment through the expansion of intake locations and more effectively link residents with substance abuse services.**
Fully Achieved. Through the establishment of five additional community-based intake sites, the Addiction Prevention and Recovery Administration successfully increased access to substance abuse treatment services. Co-location of staff at the D.C. superior Court, increased collaboration with the Department of Corrections, and new partnerships with the Pre-Trial Services Agency and the Court Services and Offender Supervision Agency. APRA will continue to enhance access to substance abuse treatment services for high risk and vulnerable populations.
-  **INITIATIVE 1.3: Minimize the transmission of HIV and other infectious diseases among intravenous drug users by expanding needle exchange programs in the District.**
Partially Achieved. The HIV/AIDS Administration successfully implemented a needle exchange program in FY 2008, working with four community-based groups to collect more than 1250,000 used needles and link roughly 100 residents to treatment and recovery services. While the proportion of HIV cases attributable to IV drug use dropped in FY2008, building on these gains will require substantial continued effort and resources.
-  **INITIATIVE 1.4: Increase participation in home and community-based care for residents in need of long-term care services.**
Fully Achieved. The Medical Assistance Administration (MAA) - now the Department of Health Care Finance - through an MOU with the DC Office on Aging provided local funding to assist with the planning of the new DC Aging and Disability Resource Center (ADRC). The ADRC opened in July 2008 and, in the last quarter of FY08, conducted 11 outreach events reaching more than 10,000 elderly and/or disabled DC residents. Participation in the Elderly and Disabled Home and Community Based Services Waiver (EPD Waiver) increased from 1700 DC residents in FY07 to 1911 DC residents in FY08. The department also provided more education to those who were denied waiver eligibility about appeal rights. The Home and Community Based Waiver for the developmentally disabled was renewed in November 2007 and allows for an additional 600 DC residents to be served by the MR/DD Waiver over the next 5 years.
-  **INITIATIVE 1.5: Develop a comprehensive approach for combating obesity for District children, youth, and families.**
Partially Achieved. The 2008 Child Health Action Plan includes a detailed, comprehensive strategy for combating obesity among District families. DOH's efforts to implement this plan in FY08 included



implementation of the "I am Moving, I am Learning." curriculum in child development centers; efforts to increase access to nutritious foods through the Healthy Corner Store initiative; and development of a new student health certificate that will require a BMI measure for every child every year.

OBJECTIVE 2: Reduce health status disparities by improving access and quality of the District's health care system and direct programming activities to those underserved populations.

- **INITIATIVE 2.1: Improve access to and the quality of the District's health care infrastructure.**
Partially Achieved. As a result of settlement of tobacco litigation, the District received \$248 million to invest in the health of the District residents, and has used a \$125 million of that funding to work with community partners on cancer prevention, tobacco prevention, chronic disease management and the strengthening of United Medical Center. In late FY08 and early FY09, DOH is awarding an additional \$50 million to strengthen emergency and primary care services in medically underserved areas.

- **INITIATIVE 2.2: Increase access to oral health services for Medicaid and Alliance enrollees.**
Fully Achieved. Two new contracts with dental networks (as of August and September 2008) have brought more than 120 new providers to the program. As part of these agreements, the dental networks must do outreach to current members, recruit new providers (focused on Wards 7 and 8) and conduct at least four community outreach efforts to reach individuals.

OBJECTIVE 3: Improve the quality and efficiency of DOH programs.

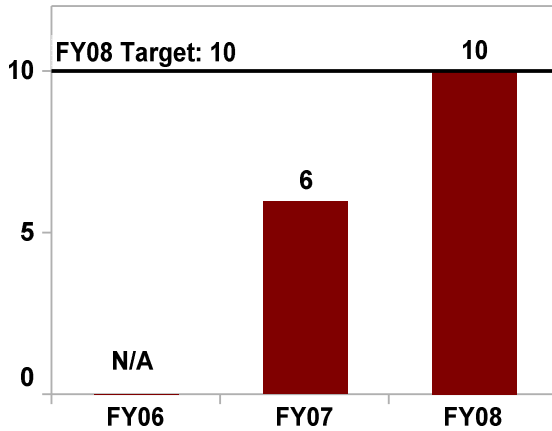
- **INITIATIVE 3.1: Develop feasible and sustainable strategies to expand access to health care to uninsured District residents.**
Partially Achieved. During FY08, the Medical Assistance Administration (MAA, now the Department of Health Care Finance) worked with the George Washington University and other parties in DC government to further develop the Healthy DC program. (Healthy DC will serve uninsured DC residents with incomes too high to qualify for Medicaid or other public programs and will be implemented in FY09.)

- **INITIATIVE 3.2: Improve the District's ability to capture all expected federal reimbursement for our Medicaid program.**
Fully Achieved. In FY08 the Medical Assistance Administration (MAA, now the Department of Health Care Finance) began a Provider Liaison Unit with seven total staff. Members of the Unit serve as points of contact for both private providers and the District's sister agencies that utilize Medicaid funding (such as CFSA, DCPS, DMH and DDS). The unit assists sister agencies in ensuring they are receiving maximum federal reimbursement and provides training on billing/claims. The unit's operations will expand over the next fiscal year.



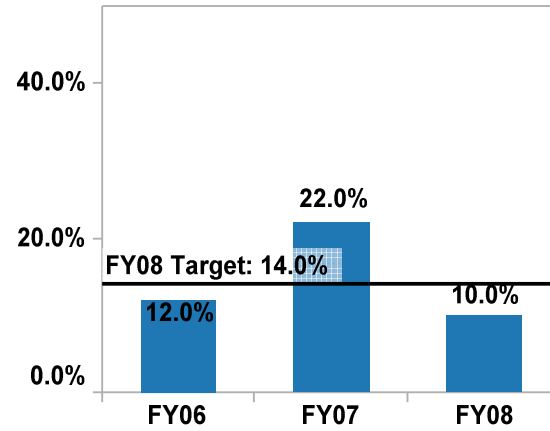
Key Performance Indicators – Highlights

From Objective 1: # of Substance Abuse Intake Locations




FULLY ACHIEVED


From Objective 1: Reduce HIV/AIDS Cases Via Intravenous Drug Use




NOT ACHIEVED


More About These Indicators:

How did the agency's actions affect this indicator?

- APRA collaborated with the criminal justice system as well as the substance abuse treatment provider community to expand the number of intake locations throughout the District.
- APRA now operates a constellation of 11 intake centers that screened 4,998 individuals for substance abuse and linked 342 residents to treatment services.

What external factors influenced this indicator?

- The increase in the number of intake locations was facilitated by the court's willingness to co-locate APRA intake staff onsite and by the willingness of treatment providers to become remote intake locations.

How did the agency's actions affect this indicator?

- In FY08, Congress lifted the ban on the District's use of local funds for needle exchange services.
- HAA provided funding to the sole existing program, Prevention Works, and issued a Request for Applications to fund new integrated models of needle exchange and harm reduction services to include: comprehensive harm reduction services, HIV testing and counseling, connections to primary medical providers and other support services.

What external factors influenced this indicator?

- None.



Key Performance Indicators – Details

Performance Assessment Key:

● Fully achieved
 ● Partially achieved
 ● Not achieved
 ● Data not reported

	FY06 Actual	FY07 Actual	FY08 Target	FY08 Actual	FY09 Projection
OBJECTIVE 1: Expand access to care and improve health outcomes.					
● # of participants in the Elderly and Physically Disabled Home and Community Based Services Waiver.	1,178	1,603	1,940	1,911	2,240
● # of perinatal HIV transmissions.	5	8	4	6	0
● Reduce % of HIV/AIDS cases transmitted through intravenous drug use.	12%	22%	14%	10%	12%
● # of clients successfully referred to drug treatment by needle exchange programs.	0	0	50	44	200
● # of substance abuse intake locations.	N/A	6	10	10	15
● % of children seen by school nurses who received a body mass index (BMI) measurement.	N/A	N/A	60%	N/A	N/A
OBJECTIVE 2: Reduce health status disparities by improving access and quality of the District's health care system and direct programming activities to those underserved populations.					
● # of dentists in fee-for-service dental network (Medicaid and Alliance).	40	75	150	129	200
OBJECTIVE 3: Improve the quality and efficiency of DOH programs.					
● % increase in Medicaid program enrollment.	1.30%	-0.30%	2.00%	4.09%	2.00%
● # of health care expansions evaluated for cost-effectiveness.	2	2	5	6	5
● # of training sessions on accurate documentation and billing for Medicaid public providers	2	2	4	8	4